



Wisconsin Department of Public Instruction  
**FRESH FRUIT AND VEGETABLE PROGRAM  
BUDGET AGREEMENT**  
PI-6101-A-Budget (Rev. 07-09)

**INSTRUCTIONS:** Complete and submit one budget form for each school participating in the Fresh Fruit and Vegetable Program. Fax to the number below.

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: JESSICA SHARKUS**  
**SCHOOL NUTRITION TEAM**  
**P.O. BOX 7841**  
**MADISON, WI 53707-7841**  
**Fax No.: 608-267-0363**

For questions regarding contact:  
School Nutrition Team, 608-267-9228

I. GENERAL INFORMATION					
School Food Authority Wisconsin School District		School Building Name Hometown Elementary		Contact Person Moryah Becker	Agency Code 12-3456
Total Grant Award \$2,500		Fax Area/No. (608) 267-0363		Telephone Area/No. (608) 266-1924	
Grant Period Beginning Date Mo./Day/Yr. 7/1/2009		Ending Date Mo./Day/Yr. 9/30/2009		Initial Request 8/31/09	Date Submitted First Revision Second Revision

II. BUDGET SUMMARY			
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**Budget:** Complete original budget request. Round budget amounts to the nearest whole dollar amount.

Item	Original Budget Request	First Budget Revision*	Second Budget Revision*
<b>Operating Costs</b>			
a. <b>Labor</b> (Salaries & fringe benefits for food preparation employees)	300		
b. <b>Training</b> (Training of food preparation employees)			
c. <b>Food/Other</b> (Fruits, vegetables, napkins, serving bowls, cleaning supplies, trash bags, delivery charges)	2,200		
<b>Administrative Costs Cannot be more than 10% of total award.</b>			
a. <b>Labor</b> (Salaries & fringe benefits for employees who administer program)			
b. <b>Equipment</b> (Purchasing or leasing equipment)			
<b>TOTAL Grant Award</b>	<b>\$2,500</b>	<b>\$0</b>	<b>\$0</b>

**\*Budget Revisions:** Submit a copy of this page, with appropriate revisions included. Attach this to a brief letter of justification.  
**Note:** Submit request at least **30 days** prior to expenditure of grant monies.

III. DPI USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Assistant Director Signature ➤	Date Signed Mo./Day/Yr.
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Assistant Director Signature ➤	Date Signed Mo./Day/Yr.
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Assistant Director Signature ➤	Date Signed Mo./Day/Yr.